

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/176,5151		FILING DATE 01-17-01		
						APPLICANT(S)				
CLAIMS										
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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